

			i e
			dues
			i see
			d seek
			i see

Region 7 Combined Mental Health Board and RAC meeting

11.08.2013

150 Shoup Ave., 2nd floor conference room

Mental Health Board Members in Attendance: Shane Boyle, Janet Goodliffe, Crista Henderson, Becky Hymas, Kelly Keele, Teriann Parker, Randy Rodriquez, John Tanner

Guests in Attendance: Corinne Bird, Chris Brayton, Kellie Brown, Darin Burrell, Kenna Dressen, Jack Gaskill, Hollie Gray, Kama Johnson, Dave Klepich, Aishie Lindula, Annette Ludington, David McKinney, Paul Meigio, Rebecca Perrnoud, Dave Peters, Brenda Price, Tracey Sessions, Robert Sidwell, Elaine Sullivan, Martha Tanner, Dan Weinrich, by phone Rosie Andueza and Isaiah Sauralt.

Meeting was opened by Becky Hymas and introductions were made.

Minutes were read and a motion to accept the minutes was made by Randy Rodriquez and Janet Goodliffe seconded. Minutes were approved by a vote.

Rosie Andueza (DHW Central Office)

- The budget is being worked right now to make sure that integrating the data from WITS with other data is working correctly. The budget numbers will be available next month.
- There is a line item showing 30% of the budget for matching funds for the federal Medicaid payment of 70%. Those matching funds are now being paid out of Medicaid funds.
- The Recovery Coach training in Blackfoot had 30 graduates. There will be more trainings around the state.
- They recently took a trip to Connecticut with a couple of DHW staff, a couple county commissioners, a tribal representative, and Senator Guthrie among others. The purpose of the trip was to see how Community Recovery Centers operated and to see if they would fit in Idaho communities. The Connecticut center had a staff of 13 and numerous volunteers. The purpose of the center is to help people in recovery find various services, such as employment and for the volunteers to make weekly phone calls to those in recovery to help address any issues. We will have more information on this later.

·Teriann Parker - Children's Mental Health Committee

The committee is going to organize a CMH walk on May 8 2014 at Freeman Park.

- The Committee is in the brainstorming phase of planning activities for CMH Week. They
 are going to look at presentation on things such as a holistic approach to healthy living
 with a mental illness, family support, self-care, ethics of how not to enmesh with
 families as a professional, IEP/504 education.
- Last year the Federation of Families did an excellent video conference presentation in Boise.

Annette Ludington - Benchmark Research & Safety prevention programs

- Annette went over the prevention contracts in Region 7. Many of the programs are done in schools, including a parenting class for teenage parents in an alternative school.
- The total current fiscal year prevention budget for Region 7 is \$152,000

Jack Gaskill - ARA Executive Director

- ARA will continue to do intensive residential treatment (IRT), but it will be at a lower cost. Halfway housing will also continue. This will help people who are not involved with the legal system.
- Someone could begin with programs at ARA to test the waters of recovery and start into basic living skills and see if they are ready to make the commitment to recovery. You do not have to be a resident to start participating in groups.
- It would cost a person \$650 per month for housing and services.

Dan Weinrich - ARA Clinical Supervisor

- Addiction and mental illness are a disease of relationships. The folks need help to learn how to have healthy relationships and not expect immediate gratification.
- Dan bases his approach on a group therapy approach developed by Lorna Benjamin of the IRT Institute.

Randy Rodriquez (DHW Behavioral Health Program Manager)

- Randy discussed the proposal for Crisis Centers. The purpose of these is to prevent unnecessary ER visits or incarcerations.
- If the Crisis Centers are approved, an RFP would be sent out to gain proposals from those interested in running them. It would probably be a joint effort of some sort.

Brenda Price (DHW)

- The Region 7 Lunch & Learn will be held November 14th at 11:30 at the Idaho Falls Public Library.
- Topics and presenters for the Lunch & Learn are:
 - o Behavioral Health Legislation Becky Hymas
 - o Crisis Centers Randy Rodriquez
 - o Crisis Intervention Teams Sam Hulse

- o Suicide in Idaho → Jeni Griffin
- o Medicaid Redesign Christine Tiddens, Catholic Charities

Roundtable discussion:

Tracey Sessions

- MarDee Harper is retiring from CLUB, and they are posting that position with Job Service.
- The Adolescent Unit at State Hospital South is at capacity.
- The median length of stay at the hospital is 33 days.

Dave McKinney

 The City of Refuge is now opening their room during the day, Monday through Friday, from 1 – 4 PM.

Corinne Bird

 The Adolescent Depression Screening project will begin November 1st. Corinne will share the data as it comes in.

Martha Tanner

Martha has talked to the Medical Society about Crisis Centers. They are very supportive
of those and of the Medicaid Redesign.

Kenna Dressen

• Mental Wellness has hired a psychiatric nurse practitioner to do meds management in the outer counties beginning in January.

Janet Goodliffe

- Janet is going with a group to the Federation of Families conference in Washington, D.C.
- She said that the State should look at the policy paper regarding wraparound being able to be billed through Medicaid.

John Tanner moved to adjourn the meeting, Tracey Sessions seconded that motion. The motion was passed by a vote.

Meeting was adjourned.

		•
	•	
•		
	•	

Pot problems in Colorado schools increase with legalization

By Nancy Lofholm The Denver Post The Denver Post Posted:

DenverPost.com

GRAND JUNCTION — In two years of work as an undercover officer with a drug task force, Mike Dillon encountered plenty of drugs. But nothing has surprised him as much as what he has seen in schools lately.

Dillon, who is now a school resource officer with the Mesa County Sheriff's Department, said he is seeing more and younger kids bringing marijuana to schools, in sometimes-surprising quantities.

"When we have middle school kids show up with a half an ounce, that is shocking to me," Dillon said.

The same phenomenon is being reported around Colorado after the 2010 regulation of medical marijuana dispensaries and the 2012 vote to legalize recreational marijuana.

There are no hard numbers yet because school disciplinary statistics do not isolate marijuana from general drug violations. But school resource officers, counselors, nurses, staff and officials with Colorado school safety and disciplinary programs are anecdotally reporting an increase in marijuana-related incidents in middle and high schools.

"We have seen a sharp rise in drug-related disciplinary actions which, anecdotally, from credible sources, is being attributed to the changing social norms surrounding marijuana," said Janelle Krueger. Krueger is the program manager for Expelled and At-Risk Student Services for the Colorado Department of Education and also a longtime adviser to the Colorado Association of School Resource Officers.

Krueger said school officials believe the jump is linked to the message that legalization (even though it is still prohibited for anyone under 21) is sending to kids: that marijuana is a medicine and a safe and accepted recreational activity. It is also believed to be more available.

Marijuana that parents or other adults might have kept hidden in the past may now be left in the open, where it is easier for kids to dip into it to sell, use or, in some cases, simply to show off, said school officials and law enforcement.

"They just want to be cool," said Dillon of some of the younger students he has seen with pot at school.

Krueger, who has been an adviser to resource officers across Colorado for 17 years, said she has heard many stories from officers about kids bringing pot to schools.

One that an officer related at a meeting recently involved a student dropping a small baggie of marijuana from his pocket as he was walking down a school hallway. The school principal was walking past the student at the time and picked up the pot. He asked the student if it belonged to him. The student immediately admitted it was his and reached out to take it back from the principal.

What struck Krueger and the officer about this incident was the fact that the student didn't seem to realize that there was anything wrong with having the pot or that there would be any disciplinary consequence for it. The officer said the student acted like having marijuana was an ordinary thing and no big deal.

http://www.denverpost.com/breakingnews/ci_24501596/pot-problems-colorado-schools-increase-legalization#

Jeff Grady, a Grand Junction school resource officer who has spent 25 years working in schools, tells a story about sitting in his car at a park near Grand Junction High School one day watching groups of kids through binoculars because they come to the park to smoke on lunch breaks.

"Kids are smoking before school and during lunch breaks. They come into school reeking of pot," he said. "They are being much more brazen."

He said school officials call him and he talks to the kids, but it is a little more difficult now to cite them if they aren't caught in the act. They can say that they were around an adult medical marijuana user and weren't smoking themselves, Grady said.

The best quantifiable evidence the state has yet to indicate that marijuana is a significantly growing problem in schools comes from the 2012-13 report that documents why 720 students were expelled from public schools across Colorado.

For the first time, marijuana was separated from other drugs when school officials were asked to identify the reason for students' expulsions. Marijuana came in first. It was listed as being a reason for 32 percent of expulsions.

National statistics also point to marijuana being more prevalent in schools.

The National Institute of Drug Abuse found that marijuana use has climbed among 10th- and 12th-graders nationally, while the use of other drugs and alcohol has held steady or declined.

Marijuana is the only drug showing steady increases, the "Monitoring the Future" study showed.

Christine Harms, director of the Colorado School Safety Resource Center, said the increase of marijuana in schools is not just a problem for school resource officers to grapple with. It was discussed when school psychologists met in Vail last week.

"They are seeing more incidents of kids smoking and thinking it is a safe thing to do. More kids are saying they are getting it from their parents," Harms said.

She said counteracting the message legalization is sending to kids is especially difficult now because federal grants for drug abuse prevention have been cut. She and other officials urge parents to take the lead with help from the Speak Now Colorado program that guides parents in how to talk about substance abuse.

"They need to know how destructive it is to the adolescent brain," Harms said.

Nancy Lofholm: 970-256-1957, nlofholm@denverpost.com or twitter.com/nlofholm

Idaho Behavioral Health Standards eManual

INTRODUCTION

The Division of Behavioral Health has begun an ongoing process of developing best practice standards, which are anticipated to improve behavioral health services provided in the state of Idaho. The standards carry the intention of serving as a consistent base for the provision of high quality behavioral health care in Idaho, by providing increased awareness, understanding and utilization of best-practice service and treatment modalities.

The first release of standards (known presently as the "Core 18") includes principles that are intended to apply to all behavioral health treatment and recovery support service providers in Idaho. Additional standards will be developed according to priority and system need, and may apply to only those entities that offer the services or serve the populations identified in the standards.

Throughout the development process, careful consideration has been paid to: a) evidence-based behavioral health practices; b) widely accepted standards of behavioral health care; c) Idaho Administrative Rule (program specific); d) State contractual requirements; e) current practice; f) need throughout the state; and g) input from community providers, consumers, and stakeholders. Using the following guiding principles, a research team from Division of Behavioral Health has developed best practice standards for implementation by behavioral health providers across the state of Idaho.

Guiding Principles:

As an effort to produce standards that are unique to Idaho's behavioral health infrastructure, 11 guiding principles were established as the foundation for standards development and decision-making. These guiding principles define the qualities that are essential to the improvement of behavioral health service delivery in Idaho.

- ✓ Provide effective direction for the state of Idaho's evolving behavioral health system.
- ✓ Practice responsible management of finances and resources.
- ✓ Place a heavy emphasis on providing exceptional customer service to participants and their families, providers and stakeholders, by modeling professional and ethical behavior.
- ✓ Demonstrate respect for and encouragement of diversity and cultural awareness.
- ✓ Strive for continuous enhancement of Idaho's Best Practice Standards.
- ✓ Foster recovery, resiliency and independence by providing strengths-based, person-centered and family-focused care.
- ✓ Endorse comprehensive and integrated healthcare whereby both mental health and substance use disorders care is coordinated with primary care.
- ✓ Provide guidance for programming that is innovative and evidence-based/best practices, through decision-making that is guided by research and data analysis.
- Promote ongoing quality improvement based on participation and collaboration in development of services, policy, and planning from providers, stakeholders and participants.
- ✓ Encourage preemptive and valuable staff training and education.
- ✓ Prevention and intervention services are outcomes-based, established to minimize risks and support recovery.

What is the main function of standards?

Serve as a guide for practitioners and agencies to provide best practice Behavioral Health and Recovery Support Service in Idaho.

How do I use this manual?

C. L. "BUTCH" OTTER - Governor RICHARD M. ARMSTRONG - Director

ROSS EDMUNDS - Administrator DIVISION OF BEHAVIORAL HEALTH 450 West State Street, 3rd Floor P.O. Box 83720 Boise, Idaho 83720-0036 PHONE 208-334-6997

Behavioral Health Transformation Legislation

Issue: The behavioral health system of care in Idaho has been studied and evaluated several times in the past decade. Each evaluation has resulted in recommendations for improvements. While there has been progress made, it has focused on small refinements to the existing system. It is time to make meaningful changes to the behavioral health system in Idaho that reflects the recommendations from the hundreds of stakeholders that have contributed to these recommendations.

Proposal: This legislation modifies I.C. Title 39, Chapter 31 to achieve three (3) major steps in the transformation of Idaho's behavioral health system of care. First, it eliminates the silos that separate the existing mental health and substance use disorders systems by integrating them into a single, unified behavioral health system. Second, it establishes Regional Behavioral Health Boards to provide communities the opportunity to have greater influence over their local behavioral health system and increased responsibility if they choose. Lastly, the legislation establishes clearly defined roles and responsibilities for the Regional Mental Health Centers, the Regional Behavioral Health Boards and the State Behavioral Health Planning Council.

Specifics:

- The legislation will create a Behavioral Health Interagency Cooperative to advise the Department on issues related to individuals with behavioral health concerns who are involved with the criminal justice system.
- The legislation combines Regional Mental Health Boards and Regional Advisory Committees on substance abuse into a comprehensive Regional Behavioral Health Board.
- The Department will provide \$45,000 in base funding per Regional Behavioral Health Board out of existing funds, and will contract with the boards for the organization and delivery of recovery support services.
- The legislation modifies the existing State Mental Health Planning Council to include substance use disorders. It will become the State Behavioral Health Planning Council.
- The legislation defines the responsibilities of the Department's Regional Behavioral Health Service Centers.

Benefits/Value of Proposal:

- Prepares Idaho for the changes in health care to ensure there is a safety net to assist those in need of behavioral health services.
- Develops a system of recovery support services, which are typically not covered by insurance.
- Moves some of the leadership and influence over the behavioral health system to the community level.
- Clearly articulates the appropriate role and responsibility of the Department in Idaho's behavioral health system of care.

For more information contact Ross Edmunds at 208.334.6997 or edmundsr@dhw.idaho.gov.

C, L. "BUTCH" OTTER - Governor RICHARD M, ARMSTRONG - Director ROSS EDMUNDS – Administrator DIVISION OF BEHAVIORAL HEALTH 450 West State Street, 3rd Floor P.O. Box 83720 Boise, Idaho 83720-0036 PHONE 208-334-6997

Behavioral Health Regional Community Crisis Centers

Issue: People with mental illnesses and/or substance abuse issues are taken to hospital emergency rooms or jails when they suffer a crisis or exhibit-severe behavioral problems that put themselves or others in danger. Hospital ER and incarceration are frustrating, expensive and sometimes inhumane alternatives that do not effectively address the illness or addiction. However, ERs and jails are often the only options available.

Proposal: Develop three regional crisis centers that serve area communities 24/7. The request will provide the initial startup funds with a goal of developing community partnerships for long-term sustainability. The crisis centers can be modeled from the best practices developed by other states' successful crisis centers. Based on outcomes, efficiencies and partnerships, centers could be expanded to subsequent regions of the state over the next several years.

Specifics:

- Location: One crisis center in the Coeur d'Alene area, one in the Idaho Falls area and the third in the Boise area.
- Capacity: Each center will maintain 15 to 25 patient slots per day, with episodes of care less than 24 hours.
- Administration: Daily operations will be contracted with community partners, with oversight from regional behavioral health boards.
- Cost: \$5,160,000, with \$600,000 in one-time costs and \$4,560,000 in ongoing operating costs.
- Sustainability: Centers will leverage community financial and in-kind support. Other states have generated sustainable funding as they reduced hospitalizations, incarcerations and emergency room use.

Benefits/Value of Proposal:

- Reduce the wasted resources and frustration of cities and counties who constantly deal with these situations.
- Reduce inappropriate ER use, preserving resources for people with medical emergencies.
- Reduce inpatient psychiatric hospitalizations that are unnecessary and wasteful.
- Reduce the risk of litigation related to inadequate publicly funded mental health services.
- Provide more effective and humane treatment for people suffering from severe mental illnesses or addictions.

For more information contact Ross Edmunds at 208.334.6997 or edmundsr@dhw.idaho.gov.

Crisis Intervention Team (CIT)

Basic Academy with a

Youth Emphasis

January 27th - 31st 2014

Located at EITC nursing building

8 AM to 5PM

- Introduction to Crisis de-escalation
- Presentations of resources available to assist with youth with Mental Health Issues
- Information and connections with our Juvenile Mental Health and the Juvenile Justice system

To register contact:

Sgt. Alisa Prudent

Bonneville County Sheriff's Office
605 N Capital
Idaho Falls, Id, 83402

aprudent@co.bonneville.id.us
208-317-8455



Defining Behavioral Health Crisis Centers vs. Recovery Community Centers

What is a Behavioral Health Crisis Center?

Behavioral Health Crisis Centers are an unrealized component of the Idaho Behavioral Health System. Once established, these centers will be accessible to all citizens on a voluntary basis. Established as a brick and mortar facility, these centers operate 24/7/365 and are available to provide evaluation, intervention and referral for individuals experiencing a crisis due to serious mental illness or a co-occurring substance use disorder.

Key Points:

- An episode of care at a behavioral health crisis center is no more than 23 hours and 59 minutes.
- Crisis centers are voluntary. Working with law enforcement, these centers will be a resource for individuals who are willing to seek services but lack the essential resources. These centers will help individuals in crisis get the assistance they need without going to the emergency room or being taken to jail.
- Proposed eligibility for the centers: a) be at least eighteen (18) years of age, b) demonstrated impairment and or symptom(s) consistent with a DSM-V diagnosable condition, c) be medically stable, and d) be in need of frequent observation on an ongoing basis.
- The staff of the center will be comprised of three levels of behavioral health professionals: a) Certified Peer Specialists, b) Clinicians, & c) Nurses
- Capacity: The estimated need is approximately 1 bed for every 10,000 Idahoans in the community. As pilot sites launch we will be evaluating the need, capacity and outcomes achieved to help inform additional project outcomes.
- Initially, three centers will be established, one in each hub, with plans to expand to the entire state in subsequent years.
- We anticipate local centers leveraging local partnerships once established to assist in the ongoing operation and service needs of those served (for example: donated meals, laundry service).

The Department of Health and Welfare has promulgated rule (New Chapter 16.07.30) in addition to a budget request to fund these centers in the coming fiscal year.

What Is a Recovery Community Center?

Recovery Community Centers provide a meeting place for those in recovery from alcohol or drug addiction and act as a face for recovery to the community as a whole. Building meaningful and healthy relationships is key to successful recovery and these centers offer the venue for that to happen. Ideally, the centers are located as close to the heart of a community as possible, and are very visible. The center doesn't need to be large to have a huge impact on those who use it.

A variety of activities can originate at the Recovery Community Center:

- A center is a welcoming meeting place where others can be counted on to provide support when an individual's recovery is feeling shaky.
- Reliable information is made available on services needed by those new to recovery, such as housing and transportation assistance.
- Computers with internet services are made available to enhance recoverees' computer skills as well as to provide them with the connectivity that may be needed to do job searches or to stay in touch with family and friends.
- Classes are provided to enhance recoverees' ability to live their lives clean and sober and can cover areas such as job skills and how to socialize with others without getting high.
- Phone banks are provided for volunteers to make requested check-in calls to people in recovery.
 Knowing someone is going to call every week to see how they are doing may be what it takes to keep an individual in recovery.
- It is a place to give back. These centers rely heavily on volunteers to function. Experience tells us that giving back is as powerful to the person volunteering as it is to the recoveree receiving the help.
- It can become an information source for those who are seeking help for themselves or those they care about.

A Recovery Community Center should not be confused with a 12-step clubhouse, and it is not a drop-in center. It isn't meant to be a place to hang out, but is meant to be a place where a person can go to work on improving their life and that of those around them. It could also be expected to take on the personality of the people who use it and the community that is its home.

				9001
	,			